Completion	Item	Explanation and Instructions
Required	**22.**	**Primary Diagnosis** – Enter the primary diagnosis description from the ICD-9-CM or the ICD-10 upon implementation which describes the condition primarily responsible for the patient's treatment.
Conditionally Required = August 2015	**23.**	**Prefix** – When the ICD-9-CM diagnosis code has an alphabetic prefix of E or V, enter it here. **Do not use this field for the ICD-10-CM diagnosis code set.**
Required = August 2015	**24.**	**Diag. Code** – Enter the primary diagnosis code exactly as it appears in the ICD-9-CM, or upon implementation, ICD-10-CM manual. **For ICD-10-CM diagnosis codes, this field will contain both the alpha and numeric characters of the diagnosis code.** Do not enter the decimal point.
Conditionally Required	**25.**	**Secondary Diagnosis** – When treatment is the result of dissimilar conditions, the diagnosis description from the ICD-9-CM or the ICD-10 upon implementation for the secondary diagnosis is entered.
Conditionally Required = August 2015	**26.**	**Prefix** – When the ICD-9-CM diagnosis code has an alphabetic prefix of E or V, enter it here. **Do not use this field for the ICD-10-CM diagnosis code set.**
Conditionally Required = August 2015	**27.**	**Diag. Code** Enter the secondary diagnosis code exactly as it appears in the ICD-9-CM, or upon implementation, ICD-10-CM manual. **For ICD-10-CM diagnosis codes, this field will contain both the alpha and numeric characters of the diagnosis code**. Do not enter the decimal point.
	28.	**Service Sections** **Intermittent Services** – Complete one service section for each service provided to the patient. **In-home Shift Nursing** – Complete one service section for each week of billed services. Bill at the end of the week after the services have been rendered.